

### Registration and Request to Speak at the

Department of State Health Services Council Meeting Friday, January 22, 2010 Austin, Texas

# Registration forms MUST be turned in before the beginning of the meeting.

### Please Print

I wish to appear before the Department of State Health Services Council to speak on the following agenda topic(s) (*Please list agenda title(s) or number(s)*):

#### **Summary of Comments:**

5 A

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	Please PKINI	clearly	
NAME: MICHAEL	WHITE		
ADDRESS: 1907R		6E	
CITY: AUSTIN	STATE: TX	ZIP: 78746	
PHONE NUMBER: (512)(14	-3217 REPRESEN	NTING: TACLER	

Signature: Well With Date: 1-22-10°

#### To Comment:

- 1. Register by completing the form.
- 2. Turn the form in before the start of the meeting.
- 3. Wait for the chairman to call on you.
- 4. Limit your comments to three minutes.
- 5. Individuals cannot accumulate time from other speakers.



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IX.	egistrant	11111		116111

Please PRINT clearly				
NAME: James Jackson				
ADDRESS: 2409 Falcon Pass # 100				
·				
CITY: Houston STATE: TX ZIP: 77062				
PHONE NUMBER: (26) 46/1//REPRESENTING: C/OF CALO ER				

Date: 1/22/100

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Signature.

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5. Individuals cannot accumulate time from other speakers.

Please PRINT clearly	
NAME: Rhonda Sandel	
ADDRESS: 26502 Ridgestone Park Ln	
5	
CITY: Cypres STATE: TX ZIP: 77433	Centh
PHONE NUMBER: ( ) REPRESENTING: Tx. ASSOC. of Freestudy to	May rou
PHONE NUMBER: (1)  STATE: TX ZIP: 77433  PHONE NUMBER: (1)  REPRESENTING: TX. ASSOC. of Freeskudy Entropy Care  That Somerging Care	
Signature: Date: $1-22-2010$	
To Comment:	



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support of TexasHealth Care Information draft rules on collection of P.O.A. Indicator from hospitals with certain

Registrant in	pitals en formation:			
		Please PRINT	l' clearly	<del></del>
NAME:	STARR L	YEST		
ADDRESS	S: 台湾 1	108 Lavaca		
CITY:			ZIP: 78701	
PHONE N	iumber: もり4	65-1042 REPRESE	ENTING: TEXAS HOSPITA	1 association
Signature:	Jan 1	lut	Date: \\\ \mathref{II} \  \oldog	
To Comn	nent:			